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REMARKS ON SCARLATINA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—During the months of November, December and January, I attended about fifty cases of scarlatina—upon which disease, together with its treatment, I propose to make a few remarks, which if you think are of sufficient importance you may insert in your valuable Journal.

Cause.—The question is frequently asked in the profession, and more frequently out of it, is scarlet fever contagious?—and many observations have been made, and facts recorded, in regard to the cause of the disease. Still the question is not settled; nor will it be, I apprehend, till the laws of contagion are better understood than at present. There seems to be evidence both for and against its contagious nature. Soon after its appearance in this place, a little girl, living in a family in which it had prevailed, was quite ill for a few days with fever and sore throat (being out of the place, for a few days, she was not seen by a physician at the time). She soon recovered, and went to her father's residence, a distance of about four miles. Soon after the family were taken sick, and all, or nearly all, the members had scarlatina—one case proving fatal. I did not see them, but was so informed by a respectable physician who attended. These were the only cases in that region for several months. On the contrary, a child in another direction, who lived in a retired and remote part of an adjoining town, about four miles distant from any other case of the disease, who had not been from the house, or scarcely seen any individual except the family with which it resided, for many weeks previous to its sickness, had scarlatina, in a severe form, and no one took the disease from it. In several families in this place, nearly all the members had the disease, some in a severe, others in a mild, form. In other families, two or three individuals only were affected; and in many, there was but a single case. Many who were for a long time exposed to the disease, escaped entirely; while others, who were cautious to guard against exposure, and were apparently not exposed, were severely affected. It appears to me, therefore, that although there may be some principle of contagion, or contagious miasm, which operates upon the system, still there must be some predisposition in the individual, to enable it to develop itself.

In regard to the treatment of scarlatina, much difference of opinion has prevailed, from the earliest history of the disease to the present time. The difference, perhaps, may in part be accounted for, from the fact that

in different epidemics, and in different regions, the disease has assumed a different type; and also from the great difference in cases of the same epidemic; for there is probably no disease with which we are acquainted, that is so variable in its character and symptoms, and consequently requires so varied a plan of treatment. The mildest form of *s. simplex* will terminate favorably with almost any treatment; while the most severe form of *s. maligna* will sometimes prove fatal with the most prompt and judicious management. Probably one great cause of a want of success in the treatment of severe cases of scarlatina, whether of the anginosa or maligna, whether entonic or atonic, is the want of early and prompt medication. This frequently happens from delay in calling a physician at first, the friends not being aware of the violence of the disease. Nearly one half of the number of cases above mentioned, were rather a mild form of simple scarlet fever, and required little medicine; one or two mild cathartics, with diluent drinks for a few days, were sufficient in most cases of this kind. In some cases the throat was the part principally affected, being red and somewhat swollen, with some nausea and coat upon the tongue, with little fever or efflorescence. My chief reliance in these cases was upon emetics, which usually relieved the patient in a short time; often they would experience much relief immediately after their operation. As an emetic I used ipecacuanha simply, or combined with zinc, antimony or calomel. In a few cases the swelling of the glands continued for a time, but was usually relieved by some gently stimulating liniment, as camph. ammonia, &c. In ordinary cases, where the symptoms indicated a severe attack, I usually commenced with an emetic, followed with a full dose of calomel, sometimes combined with rhubarb, or followed with senna. The free operation of these, usually relieved the pain in the head, back and limbs, when severe, which was frequently the case, also the soreness of the throat; if not, I repeated the emetic daily, for three or four days, and moved the bowels every day. If there was considerable general fever, with hot skin, and efflorescence of a bright scarlet, I used calomel, one to two grs. every four to six hours, combined with ipecacuanha, and in the latter stage Dover's powders. Where there was high febrile excitement, I used antimony in small doses; when more moderate, nitre, liq. ammonia acet., &c. If the heat of the surface was very great, sponging with spirit, or vinegar and water, served to allay the irritability and restlessness, and was productive, I think, of much good. Where the inflammation of the throat was severe, and the throat much swollen, leeches were used freely, and fomentations; and internally, alum. mur. ammonia, in strong infusion of sage. In cases of a lower grade of action, inclining to an erythematic inflammation, capsicum did well, and blisters externally. There was seldom, where the above plan was early and promptly pursued, severe ulceration, sloughing, or gangrene of fauces. There were several cases, mostly in adults, in which there was more disturbance of the head and internal congestions. To illustrate, I will briefly detail the principal symptoms and treatment of a case.

Mr. P., an intelligent young man, a member of Washington College, was taken ill, January 6th, with the ordinary symptoms of fever, with slight swelling of the throat. Took a cathartic and diluent drinks, which

relieved him somewhat. On the 8th, however, he was worse, his pulse 96, his tongue coated, nausea, pain in the head severe, throat very much swollen and inflamed, slight efflorescence about the neck, restlessness, &c. Took an emetic of ipecac. and antimony, with cathartic of calomel and rhubarb, aa 10 grs., use fomentations to the throat, and capsicum and alum as a gargle.

9th. He had a very restless night; delirium, with a full sensation in the head, and severe pain; face and neck swollen; countenance dejected; a leaden color about the face, neck and body; rash more visible, but of a pale leaden appearance; pulse reduced to 60, and somewhat irregular; difficult respiration; oppression of the chest (to use his expression, as though a weight was laid upon his heart); cold extremities; flatulency, &c. V. s. g viii.; apply strong mustard paste to the epigastrium and feet, and friction to the surface and extremities; as cathartic had operated but moderately, gave calomel 12 or 15 grs., liq. ammonia acet. g ij. every four hours. P. M. The oppression and fulness of the chest somewhat relieved immediately after bleeding; lost about g iv. more of blood, and continue frictions, with warm applications to the extremities, and calomel two grs. every four hours, combined with about five grs. Dover's powder.

10th, A. M. Obtained tolerable rest; had a thorough movement of the bowels; distress in the head, and the oppression of the chest, somewhat relieved; mind more clear; pulse 64; countenance more natural; extremities warmer; efflorescence more distinct; throat about the same. P. M. Mind calm; breathing free; head feels clear; pulse 70; other symptoms same. Continue same treatment, with addition of 12 grains calomel.

11th. Had a good night's rest; head clear; breathing free; pulse 70. Cathartic had not operated. Omit the calomel in small doses, and continue other medicine, with strong infusion of senna and spices, freely, and enemas till movement of the bowels.

12th. Much better in every respect, and improved gradually until the 18th, when he was dismissed well. Has, however, used some wine and quinine during convalescence.

In this case there was evidently congestion of blood in the brain and abdominal and thoracic viscera, and probably in the liver and larger blood-vessels. The bowels were very torpid, requiring large quantities of cathartic medicine to move them; but every operation of a cathartic seemed to afford relief. There were several other similar cases, and a similar plan of treatment, except venesection, was adopted; they were invariably benefited by a free movement of the bowels with calomel. In this form of the disease (the congestive), and indeed in congestive fevers generally, some difference of opinion, I am aware, prevails as to the best mode of treatment; but the above plan of calomel and external applications were with me entirely effectual, and I think will generally be found so, if the congestion takes place early in the disease, before the powers of life are exhausted, and the means are promptly and efficiently used.

In reporting the character and treatment of an epidemic, it is of much importance to give to the public the whole result, and especially in *this*, where the immediate causes of death in fatal cases are often very dif-

ferent; and we should farther ascertain and record the fact, whether in a fatal case from any one particular cause, either an affection of the throat, brain, bowels, &c. those measures have been adopted which are generally acknowledged to be effectual in preventing such consequences.

Of the above fifty cases, five proved fatal; four between the ages of three and six years, and one infant. These were in the early part of the epidemic, though apparently not more severe than many cases that afterwards recovered. In two of these cases the patients were not seen till too late to receive effectual aid from medicine. One died in 24 hours. In this case the eruption of *scarlatina* and *varicella* appeared nearly simultaneously. Another child in the same family had both of these diseases, and recovered; the eruptions in both cases were very distinct and strongly marked. They had been in a family where *varicella* was prevailing. The third fatal case was from a sudden swelling of the throat, so as entirely to prevent respiration. This was a mild case, and was not vomited in the commencement; but suddenly the disease seemed to centre in the throat, and emetics were ineffectual. The fourth case was vomited several times early, and the bowels being easily moved with laxatives, calomel was not resorted to. The inflammation of the throat, efflorescence and general fever subsided, but the bowels became tympanitic, and failed about the tenth day. The fifth, and the only fatal one in which emetics, calomel, and other above-mentioned means, were all early and efficiently used, seemed to defy all remedies; leeches, fomentations, antimony, calomel, and other efficient means, were used without effect—I should judge too sparingly rather than too freely, as the patient died suddenly in the height of the fever, with suffocation from the swelling of the throat, with delirium, full pulse, &c. In many severe cases of this disease, in the latter stages, anodynes and tonics were used with advantage; quinine, wine and brandy, as the case required.

From what I have seen in this disease, I think that in severe cases our first endeavor should be to make an early and decided impression on the system by emetics and calomel; afterwards such treatment as particular symptoms seem to require. In some cases *v. s.* and antiphlogistics may be indicated; in others early stimulants may be necessary; and the treatment should be varied to meet particular symptoms. No specific plan of treatment (except perhaps some general principles) will apply to every case of this disease in the same epidemic, much less will it apply in different seasons and different regions of country where it may prevail.

Glastenbury, Ct., March, 1841.

DANIEL HOLT.

PROFESSIONAL INQUIRIES AND OBSERVATIONS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Will you permit me, through the medium of your Journal, to make a few *miscellaneous inquiries and observations* upon some points relating to our profession?

1. *The Jestis weed in the cure of the bite of the Rattlesnake.*—In Vol. 3, Part I., of B. S. Barton's Medical and Physical Journal, for

1808, a most valuable work, there is an account of the success of the plant called Jestis weed, in curing the disease brought on by the bite of the rattlesnake and other venomous reptiles, in a letter addressed to the editor of that Journal, by Mr. Haynesworth. Rattlesnakes and other venomous reptiles are still to be found in various parts of our country, and particularly in the Valley of the Mississippi, where, I am happy to learn, your Journal has a circulation. For twenty-five years I have made diligent search for a plant bearing the above name, but, as yet, I have been unsuccessful, notwithstanding I have put the question to thirteen different classes in the Berkshire Medical Institution, and the Medical Colleges at Hanover, Fairfield and Willoughby. It is unfortunate that neither the Christian name or residence of Mr. Haynesworth is mentioned in that communication, and it is extremely to be regretted that neither the generic or specific name of the plant is noticed. Many of our plants receive local names, which are not known beyond a little circle or neighborhood. The common or English names of plants are extremely arbitrary, and these names are often peculiar to certain districts. The technical name by which plants are known by botanists at a glance are ridiculed by the uninformed, and hence many valuable medicinal plants are lost to the observation of the scientific inquirer. This, I fear, is the case with the plant under consideration. The inquiry is made through the medium of your wide-spread Journal, in the hope that some of your correspondents at the West and South will give the desired information—the botanical name of the plant, and where it is to be found.

2. *Typhoid Fever.* Why does this complaint prevail more in elevated regions than in valleys? For several years past I have frequently been called to patients residing on the eastern slope of the Hoosac mountain, and some of its spurs in the western part of the county of Franklin, in Massachusetts, and in Windham county in Vermont, &c., and have seen and heard of more cases of typhoid fever in those elevated regions, than in the same space in the valley of Connecticut river. Some of the most severe cases of typhoid fever which I have seen, have been upon mountainous elevations, from ten to twelve hundred feet above the mouth of Deerfield river. It is supposed that valleys are more productive of fevers than mountains, on account of the fogs which settle upon them, and the exhalations which emanate from them. More than twenty-five years' practical experience in the county of Franklin, and in the valleys of Connecticut and Deerfield rivers, has convinced me that our fogs are far from inducing fevers, and that we have less of them than in mountainous regions. We have vastly more croup (cynanche trachealis) in the valley, than on the mountains. Our fogs may, and probably do, induce this complaint. In many of our elevated mountain towns it is scarcely known. Pneumonic and consumptive complaints are now more prevalent in our mountainous districts than formerly. So far as my observation goes, consumptive cases are more prevalent in the valley than formerly, and other pneumonic affections are rather less so. I have noticed that goitrous affections, and bronchople in particular, were more prolific in some of the mountain towns than in the valley. What can be the cause? In two excursions in northern Ohio, I have noticed, particularly in the neighborhood of Lake

Erie, that this complaint was somewhat prevalent, especially among the emigrants from the northern parts of New England. Dysenteries and bowel complaints, so far as my inquiries have extended, are less common on the mountains than in the valleys. Leucorrhœa and chronic uterine affections, I think, are more common there than here. One of my correspondents there, observes, "they are almost epidemic."

3. How far do countries where intermittent fevers prevail, protect the system from the ravages of pulmonary consumption? It is generally believed that intermittent fevers act as an immunity from consumption. We want more facts upon the subject. I have heard of a number of cases where death from this complaint has been averted by residing in a malarious district, and shall notice a single instance. An acquaintance of mine, a physician, residing at the north, was apparently so far gone in the consumption that his life was entirely despaired of. Hectic fever, incessant cough and night sweats, were apparently hastening him to the grave. With great difficulty he was carried to the prairies on the Wabash, in Indiana. He was there soon attacked with intermittent fever, from which he recovered in the course of a few months. His consumptive symptoms soon left him, and in the course of two years he so far recovered as to be able to return to his former residence. He again relapsed into his consumptive complaints. He returned to the West and again had intermittent fever, and once more recovered from his phthisis, and I believe he is now living and healthy. This occurred more than twenty years ago. I could mention more than one similar instance. I am told that consumption does not prevail in intermittent countries. But as settlements advance, and clearings dry up the marshes, intermittents recede, and consumptions become prevalent as in the older countries. I have seen some cases of consumption on the south shore of Lake Erie, even as far west as Cleveland, notwithstanding they have, even there, some remains of fever and ague.

4. *Peresquinitrate of Iron in the Profusio.*—I beg leave here to add my mite in favor of the nitrate, or peresquinitrate of iron, in diarrhœa, and particularly the diarrhœa which attended the typhoid fever which prevailed somewhat extensively in this section of the country the latter part of last season. As this medicine is not in very general use among physicians in this neighborhood, I will subjoin the following mode of preparing it, from Dunglison's New Remedies. "Take of small chips of iron wire an ounce and a half; nitric acid three ounces by measure; water twenty-seven ounces; muriatic acid one drachm. Put the iron into an earthen vessel, and pour on the nitric acid previously diluted with fifteen ounces of the water. Set the vessel aside till the whole of the acid has united with the iron, so as to form a peresquinitrate, then decant the liquid from the portion of iron which remains undissolved; strain and filter. Add the muriatic acid with the remainder of the water, or with as much of that liquid as will increase the whole to thirty ounces. When the process is finished, which takes some time, the liquid has a red color, so dark that viewed by reflected light it seems almost black."

I have been in the habit of giving this medicine in doses of from fifteen to thirty drops in water, or sweetened water, several times in the

course of the day, according to circumstances, in chronic diarrhœa, as well as the diarrhœa of typhoid fever, and have never known it fail of arresting the discharge. In one case it was given successfully in hemorrhage from the bowels in typhoid fever, where the patient lost several pounds of blood. My partner, Dr. Abraham S. Haskell, has used it largely diluted with water in the thrush of phthisis, and the slough entirely cast off in the course of twenty-four hours. We are now using it in this affection and in the sore mouths of pregnant and nursing women.

Deerfield, Ms., March 11, 1841.

Very respectfully yours,
STEPHEN W. WILLIAMS.

HOMŒOPATHIC PRACTITIONERS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—As one of your subscribers, I thank you for your just and manly notice of homœopathy in the last No. of your Journal. It is indeed time that the press spoke out on this subject, and that physicians, too, should take their stand and act independently and with a due regard to the honor of the profession. It is sickening, indeed, to an honorable mind to see the petty tricks and manoeuvres which are practised at the present time by many, who are enrolled in our ranks, and who pretend, at least, to the character of *honest* men. You characterize them as "timid and weak-minded;" they are more than this, I apprehend; they are knavish and dishonest. I say this not without due consideration. Charity has in many instances, besides your own, covered a multitude of their sins, but the time has arrived, when charity itself must flee before the palpable trickery and charlatanism of homœopathy. In fact, it exists only by falsehood and imposition, and those who practise it are universally libellers of their brethren, slanderers of each other, and a disgrace to the profession everywhere. You can tell one of these mushrooms as far as you can see him, from his bustling air, confident tone, and boastful language. He will hold you by the button by the hour, and tell over cases where the billionth of a grain of silex cured the patient after having been given over by the allopathic physician, and where the same dose of carbon arrested a fever, when the patient was in *articulo mortis*.

There are two *species* of homœopaths. The first are such *par excellence*—true disciples of Hahnemann, and go the whole. They denounce allopathy and all allopathic physicians—pretend they never bleed or use any allopathic remedies, and maintain with the people, the *profanum vulgus*, as they consider them, that homœopathy will furnish a cure for every disease. These are, without a single exception, arrant fools, or knaves; generally the latter, sometimes a mixture of both, as far as such a combination is practicable. If the case grows desperate, they either bleed or use the common remedies; or more often they are suddenly called to leave town, or they are taken suddenly ill, or their house is attacked by robbers, or they have so much to do they can't do justice to the patient, and so request that another physician may be called in. If they are very sure

that the case will terminate fatally, they name some rival, who may have the credit of killing the patient. If a consultation with an allopathic physician be requested, and one can be found, so regardless of what the honor of his profession demands, as to be willing to meet the homœopathic charlatan, due care is taken that if the case terminate favorably, the whole credit of the cure shall accrue to homœopathy; and if otherwise, allopathy shall inevitably father it. To this end, homœopathic medicine is clandestinely given, while the ordinary means are at the same time employed, assuring the friends as well as the patient that the case requires a *little* homœopathic treatment, and when the patient recovers, he is congratulated on his good fortune in having been treated on the *new mode*, and compliments his own sagacity in having administered the very article that ensured his recovery. When the patient dies, oh! allopathy has killed him; had he continued under his own exclusive management, he would have recovered, to a dead certainty. If the patient dies under his own treatment alone, he then tells the friends that he was called too late, or the patient had taken mercury at some previous period, perhaps years ago, which effectually counteracted the effect of his own remedies; or his directions had not been explicitly followed; or some untoward smell or article of diet, or the presence of company, or mental excitement, or broken-down constitution, or something or other had interfered with the operation of his magic pellets, and death of course must have been the consequence. If the patient expresses any doubt as to the efficacy of his little doses, the homœopath assures him that his medicine is *more concentrated*, and much more powerful, than large allopathic doses, owing to the mode of its preparation; and we have known many cases, where patients, having grown worse under homœopathic treatment, have attributed it to the very active remedies which they had taken. One patient lately complained to me that she had been poisoned by *arsenic*, at the 30th dilution; another declares that *arnica* taken in the same strength will be her death yet; while a third, a very intelligent (?) clergyman, laboring under bronchitis, avers his conviction that the *belladonna* which he has swallowed at the instigation of his homœopathic attendant has poisoned his blood, brought on the erysipelas, and deranged his whole nervous system. Sulphur, in homœopathic doses, he refused to take, for he had been told it would produce the *itch*. I mention these instances to show the dishonesty of the sect, as well as the gullibility of the public.

The next class of homœopathic prescribers, I will not call them physicians, embraces those who mainly practise in the ordinary way, but profess their belief in the *principles* of homœopathy, and think it may often be applied in practice with great benefit. These are the men who profess to be willing to give people their choice; if they wish to be treated with the little doses, on the principle that *the half is greater than the whole*, they are to be indulged to their heart's content; if they don't believe in this mode of practice, why, the less said the better—they can be doctored *secundum artem*, in the old way, just as well; "*contrarie contrariis*," is as true, every whit, as "*similia similibus*"! Both are true, and both applicable, according to circumstances; that is, according as the patient may choose! These are the accommodation doctors; the re-

sponsibilities of life and death set perfectly easy upon their consciences, and can be easily reduced by the rule of three to dollars and cents! They have seen remarkable cures by homœopathy; something not to be explained, except by admitting some specific virtues in the medicine. They don't know how to get over the *facts*, the *facts*—they can't help believing what they see with their own eyes—indeed, they never did believe a word of homœopathy, till they went to experimenting themselves; and now, they know there is something in it—every physician is bound to study it—it is a great improvement, a grand discovery in medicine, and no one ought to reject it without trial. So these gentlemen talk, Mr. Editor; how they act, you can readily conceive.

Is it not marvellous that these men should pretend to believe in the principle of homœopathy without putting it to the test? There has not, so far as I know, been a single experiment tried in this country, to test the truth of the principle, by verifying the alleged facts. Have you ever known a genuine intermittent produced by Peruvian bark? has any one? If the itch is so easily produced by *sulphur*, why not demonstrate it? If *carbon*, *silex*, *sponge*, and *cuttle-fish juice* will cause so many aching, tearing, rending pains as Hahnemann alleges, how easy would it be to put people on the rack, by experimenting with a few doses! No; they dare not put this matter to the test; they know that were the matter to be thoroughly tested by a course of experiments, not only the assumed *facts* would be exploded, but the *principle* along with them. Hence, their willingness to let the question rest on the authority of some unknown or anonymous German. If sincere, let a joint committee of allopaths and homœopaths be appointed, and let the person, on whom the trials are made, not be made acquainted with the effects which are expected to ensue, and, my life on it, not a symptom, such as laid down by homœopathic writers, will follow.

It has become a question of some importance, what course should we pursue towards this unprincipled sect? Of course no honorable physician can consult with them, or meet them at all in a professional way. He cannot trust his own character and reputation in their hands, and there is no common ground on which they can meet. There seems to me but one course to adopt, and that is to treat them as we would any other men whom we regarded as dishonest and unprincipled. If we have any regard to our own characters, we should neither associate with them, nor recognize them as entitled to our notice in any way. They have forfeited all title to respect, and if it was withheld from them we should not see so many trimming their sails to catch the popular breeze, after having thrown overboard everything in the shape of moral honesty and ingenuousness.

Such, Mr. Editor, is the course which some physicians pursue, and myself among the rest, and my principal object in this communication, is to commend the same course to others.

Your friend, D. C.

March 20th, 1841.

POSTSCRIPT.

Infinitesimal Doses.—We hear much said about the *infinitesimal doses* of homœopathic physicians, but few, probably, have any accurate know-

ledge on this point. Some calculations have appeared in foreign journals, which are rather approximations to the truth, than the truth itself; though doubtless they are correct enough to give a general idea of the minuteness to which these doses are carried. The mode of preparing the dilutions is too generally known to need description; it will suffice to remark that the fluid preparations are obtained by mixing one drop of the saturated tincture of any medicine with 100 drops of alcohol or water; one drop of this is taken (the rest being thrown away) and added to 100 other drops of alcohol, and so on to the 30th, and sometimes to the 1500th dilution. The same mode of dilution is followed when sugar is employed. The following calculations have been made with great care, and it is believed will be found correct; and they will serve as a standard of reference in future, by which we shall be enabled to judge of the exact potency of the doses, by which cases of disease are said to have been cured. The high dilutions, such as the 30th and 30th, are chiefly employed in this country, on the ground that they are more powerful than the smaller! For proof of this, I refer to a late communication in your Journal. The same dilutions are also chiefly used in Europe, as may be seen by consulting the French and German homoeopathic journals.

Dilutions. *Cubic feet of water; weight 62.5 lbs. to the foot. (Decimals rejected.)*

5	22,557
10	228,571,428,571,428
15	2,285,714,285,714,285,714,285,714
20	22,857,142,857,142,857,142,857,142,857,142,857
25	228,571,428,571,428,571,428,571,428,571,428,571,428,571,428
30	2,285,714,285,714,285,714,285,714,285,714,285,714,285,714,285,714,285,714

Cubic feet of Sugar. Spec. gravity 1.6. (Decimals rejected.)

5	14,285
10	142,857,142,857,142
15	1,428,571,428,571,428,571,428,571
20	14,285,714,285,714,285,714,285,714,285,714,285
25	142,857,142,857,142,857,142,857,142,857,142,857,142,857,142
30	1,428,571,428,571,428,571,428,571,428,571,428,571,428,571,428,571,428,571

Diameter in feet and miles of a sphere of Sugar whose solid contents are equal to the quantity in the preceding calculation. (Decimals rejected.)

	<i>Feet.</i>	<i>Miles.</i>
5	30	
10	64,859	12
15	139,733,576	26,464
20	301,046,863,669	57,016,451
25		
30	1,397,335,762,135,022,914	264,646,924,646,784

Cubic miles of Water. (Decimals rejected.)

5	
10	1,552
15	15,528,166,354,612
20	155,281,663,546,126,356,043,711
25	155,281,663,546,126,356,043,711,416,427,470,7
30	155,281,663,546,126,356,043,711,416,427,470,792,147,007,20

A few illustrations, by way of comparison, may not be amiss.

	Miles.
Longest diameter of the orbit of the comet of 1680	13,000,000,000
Do. of Halley's comet	3,420,000,000,000
Distance of the nearest fixed star	20,140,000,000,000
Greatest distance of Earth from the Sun	97,118,538
do. Mercury do.	132,487,077
do. Venus do.	164,602,034
do. Moon do.	254,084
do. Mars do.	241,047,462
do. Jupiter do.	592,279,063
do. Saturn do.	1,006,655,236
do. Herschel do.	1,918,069,022

Thus it appears that the 20th dilution would require a sphere of sugar, more than half the diameter of the sun's distance from the earth, and a sphere of water, about equal in diameter to the same distance; while the 30th would require a sphere of sugar, in comparison of the diameter of which, the distance of Herschel from the earth would form but an infinitely small fraction! Hahnemann, however, recommends that the dilutions be carried in certain cases as high as the 1500th, and remarks—*"Experience has proved that it is impossible to attenuate the dose of a perfectly homœopathic remedy to such a degree that it will not produce a decided amelioration in the disease."*—(*Stratten's Tran. of Organon*, p. 274.) Again, all the fresh water lakes in North America, including the great lakes at the North, are estimated to contain fourteen thousand cubic miles of water; but the eleventh dilution would require more than ten times this quantity of fluid. A grain of antimony dropped into Lake Superior, would therefore suffice for centuries to medicate its waters, so that a teaspoonful, taken at the Falls of Niagara, would constitute a much stronger dose than the homœopaths usually administer. It is demonstrable that a single rose, growing on the surface of our earth or even the planet Herschel, would be more likely to affect each inhabitant on our globe by its aroma, more powerfully than any homœopathic medicine whatever at the 20th dilution! But I will not go on with these calculations. The reader can easily carry them out for himself. I have only to ask, in conclusion, do those who affect to believe in a system founded on such absurdities, deserve any other treatment than that of scorn and utter contempt?

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BOSTON, APRIL 7, 1841.

JEFFERSON MEDICAL COLLEGE.

A CORRESPONDENT in Philadelphia sends us the following note, for which he will receive our special thanks. It will effectually put a stop to those

floating stories, which have a tendency to impair the usefulness of the College.

"Dear Sir,—I observe in your Journal of the 17th ult., that there are various reports circulating in Boston, at present, with respect to the condition and prospects of *Jefferson Medical College*, and that 'it would gratify a host of inquirers if some Philadelphia gentleman would have the kindness to favor the public with a statement of the facts.' There are three vacant chairs in this College at present, occasioned by the death of Dr. Jacob Green in February, and by the resignation of Drs. Revere and Pattison, who have accepted appointments in a new medical school in New York. There is no foundation for the report that 'the death of the Jefferson school should follow.' I am assured that the trustees and the remaining professors are not in the least disheartened by these vacancies, and that, whatever may have been the merits of those who recently occupied the vacant chairs, there is a probability that the school will in a short time be organized in a manner to give it an efficiency, and such a claim upon the public confidence, as it has not heretofore possessed. The business is not yet matured, and, as I am not a party concerned, either at present or in prospect, I can give you only what rumor says—indeed I cannot, for obvious reasons, give you this with particularity. But if such an organization takes place as is now talked of as probable, *Jefferson College* will present a much more formidable rival to the University than she has ever had before, and leave the Filbert-street School behind *cum longo intervallo*. I am informed that reports have been circulated in some quarters, that Dr. Dunglison is about to leave *Jefferson College*; but they are groundless."

Lecture on Dental Science.—Perhaps in the gratification we feel, in common with others, at the fair prospect of raising dental surgery to that respectable standing which it might, should and would have in the United States, if no one were countenanced in practice not amply qualified for all its responsibilities, we may appear to manifest too much pleasure in the organization of a great dental Association, the centre of which is in Baltimore. Those only who never patronize dentists, or complain at paying their just demands, will object to the notice bestowed upon their new college. Dr. Harris's introductory at the opening of the first session, is not inferior to any one emanating from an exclusively medical institution the present season. It is characterized by plain common sense, expressed in no mystifying terms, but in clear, explicit language, befitting the place and the occasion. We wish that the new College of Dentistry had been located in Boston instead of Baltimore, because it would have redounded to the credit of our city to have taken the lead in an enterprise so praiseworthy.

New York Dispensary.—Besides ten visiting physicians to the New York Dispensary, there are four assistant and six consulting physicians and surgeons. Things of this sort are managed far better in that city than in Boston—the trustees being principally medical men, and therefore capable of appreciating the claims of those who seek medical appointments in their gift. Again, the dispensary physicians there are all paid—an act that would frighten our laborious dispensary doctors, who from immemorial time have worked for nothing and boarded themselves. The salaries of the New York dispensary physicians, last year, amounted to \$1312 41.

The physicians could not have been idle, for they had for patients 7,254 males, and 10,064 females—the representatives of nearly all the nations and tongues on the globe. Some of the subscribers have been in the habit of giving very liberally. In Boston, if we recollect, there is a large sum of money belonging to the Dispensary, the interest of which is not paid to the young physicians who actually perform all the drudgery.

University of the State of New York.—A catalogue of the medical department is published, and as usual there appears to have been a good class. Only 19 were graduated at the close of the lectures, which may have been quite as commendable to the University as to have the reputation of graduating more than any other college in the Union. In the list of fellows there is but one belonging to Massachusetts. If the trustees have any idea of the true mode of making friends, they will not much longer overlook the scientific and literary claims of those in New England, and especially in Massachusetts, who might be of essential service to the prosperity of the institution, notwithstanding the fact that they happen to be located at the immense distance of two hundred miles north of the commercial emporium.

Local Quackery.—Dr. Abbe, now of Grove Hall, in Dorchester, whose celebrity in the treatment of spinal diseases is somewhat extensive, seems to have been detected in a gross misrepresentation, which cannot be hidden from those who have supposed they could not be laced up in brazen corsets by any one else. From a Boston paper we have taken the following exposition of the affair.

Extracts from Dr. Abbe's advertisement:—"The subscriber is the author and inventor of the mode of treatment he pursues, and it has cost him more mental effort than he could again endure without loss of life."

"The subscriber has invented, and secured by patent, a new kind of corset, in which there is necessarily no metallic substance, well fitted to many cases in the progress of cure, and always applicable where no further change of form is desired, securing all the benefits of those that have been used, and avoiding all the evils attendant upon them."

"The subscriber has secured his right, by patent, for the brass corset, and would hereby caution all persons from making or wearing them without his liberty, as it will expose the wearer, equally with the maker, to the just penalty of the law."

☞ In reply to the above, the public are requested to read the following letter:—

Patent Office, Feb. 20, 1841. Dear Sir,—Yours of 19th came this A. M., inquiring whether Alanson Abbe had obtained a certain patent.

I hasten to say that this person has obtained no patent from this office for any object. He has, however, made application for a patent for object mentioned in the advertisement, but no model has yet arrived, and consequently the case has not been presented for examination.

From the correspondence with him, he has no right to claim or infer that a patent will be granted.

Yours respectfully,

W. D. ELLSWORTH.

HON. LEVI LINCOLN, House Representatives.

State Lunatic Hospital at Worcester.—There have been discharged in the course of the last year, 155 patients. Of these 83 had recovered; 29 had not improved, but were discharged as harmless, and for want of room; 15 have died. Of the patients discharged, 70 had been insane less than one year. Of this number, 64 recovered; 2 were improved; and 4 died.

Of the patients discharged, 85 had been insane more than one year; of these, 18 recovered; 26 were improved; 29 not improved, mostly harmless, or sent to Boston to enter the new hospital, being paupers, supported by the city, and belonging to Boston; 11 have died.

The average number of patients the last year was 229, greater by 6 nearly, than the year before. Since the Hospital was opened, the whole number of males admitted has been 637, the number of females 660. The number of males discharged has been 463, and the number of females discharged has been 418. The recoveries of males have been 247, and the recoveries of females 259. The deaths have been 54 males, and 36 females. The recoveries of males, exclusive of deaths, have been 61 1-5 per cent. of the discharged; the recoveries of females have been a little short of 62 per cent. of the discharged; average, 57 per cent. There are at present, 61 patients in the Hospital who have been insane less than two years, and 185 who have been insane from two to thirty years. One fact is prominent, that persons attacked *over* 40 years of age, are more likely to recover from insanity, than those *under* 40. There have been 793 cases recorded in the table, of less than 40 years of age when they became insane; of whom 416 recovered, or are curable, which is 52½ per cent. 356 patients have been in the Hospital, who became insane between the ages of 40 and 80; of whom 254 recovered, which is 71 per cent. The recoveries of insanity arising from intemperance, are about 50 per cent.; from insanity occasioned by domestic afflictions, of various kinds, such as family trouble, disappointed affection, fear of death, fear of poverty, future punishment, &c., 174 of 294, which is 59 per cent.; from ill health, excepting epilepsy and palsy, of the 243 cases, arising from this cause, 164 recovered, which is something more than 63 per cent. From religious causes also, the recoveries have been quite favorable, amounting to 61 of 85 cases, which is precisely 60 per cent. The "secret vice" gives us the darkest catalogue of cases, amounting in all to 107; of which 29 only have recovered, which is but about 27 per cent.

Mr. Skey's Mode of operating for Spinal Curvature.—The operation for tenotomy in the erector spinæ muscle is described by the author in the following manner:—

"It is effected by a pointed and nearly straight bistoury, which is introduced from the outer side of the muscular pillar, across its external or cutaneous surface, and with which the surface only of the muscle need be divided. The depth of incision required is not more than the quarter of an inch, and the orifice no larger than just sufficient to introduce the instrument, perhaps a quarter or a sixth of an inch. The division may be effected in a few seconds of time.

Medical Miscellany.—One hundred and fifty-five medical students were admitted to the degree of M.D. by the University of Pennsylvania, the other day.—Mention is made of the fact that 55,000 barrels of whiskey

were received at New Orleans in six months—which will probably have considerable agency in the development of disease, moral degradation and crime.—Madame Restell, the notorious vender of medicines for producing abortions, has been arrested in New York. The immediate cause of the arrest was the information given by a Mrs. Purdy, near the point of death, caused by the manual operations of Madam R. to produce a premature birth and death of a fetus.—Dr. Lawson, the Surgeon-general of the U. S. Army, is on a tour of inspection at the South and West.—The cause of the sudden death of Dr. Jacob Green, professor of chemistry in the Jefferson Medical College, announced some weeks since, was an enlargement and ossification of the heart. He expired almost instantly, having had little or no previous indisposition.—At the late session of the Legislature of Massachusetts, it was enacted, that "whenever any lunatic or insane person shall be committed to the State Lunatic Hospital at Worcester, from any town wherein he has not a legal settlement, and such town shall pay the expenses of his support at said Hospital, such town may recover from the town in which he has a legal settlement, the full amount of all the expenses so paid to said Hospital."—Dr. McClintock's anatomical lectures closed Feb. 24th at Philadelphia, having equalled any of his past courses. The class, much to their honor, organized a committee to present to him the thanks of the whole body.—The child adverted to some weeks since, in whom St. Vitus's dance was instantly developed by seeing a beggar twitching and shaking with it, has since died.—Whole number of students at the Jefferson Medical College during the late term, 163; of whom 56 were graduated with the degree of doctor. An honorary degree was conferred by the institution, on Dr. Samuel Anderson, of Delaware Co., Penn.—The building known as the Stuyvesant Institute, in New York, has been secured by the new medical faculty of the University for the medical school.—From the coroner's report it appears that 245 children were burned to death in England in 1840, principally in consequence of being clothed in cotton fabrics. Four fifths of the number were girls—whose dresses more particularly expose them to this dreadful accident.—Mrs. Sprague and Brown saved a child's life the other day, at Buffalo, by bronchotomy.—Dr. March, of Albany, lately performed the rhinoplastic operation before his class—and it seems to promise well. On the 5th day the union had taken place to considerable extent. Dr. March has operated ten times for club-foot, and seven for strabismus, of late. Albany may well be proud of her medical men.

TO CORRESPONDENTS.—Dr. J. Mason Warren's report of the blepharoplastic operation lately performed by him, will be given next week.—The cases of mola and ulceration of the stomach, the paper by our friend Z. H., and the Essays on Fever by Dr. Comstock, will also be early attended to.—In the note appended to Dr. Folsom's communication, last week, the word *lymph* should stand in the place of *serum*.

Number of deaths in Boston for the week ending April 2, 24.—Males, 14; Females, 18. Stillborn, 2. Of consumption, 1—erysipelas, 1—infammation of the bowels, 1—gallery, 1—infammation of the brain, 1—intemperance, 2—drowned, 1—palmer's colic, 1—dysentery, 1—lung fever, 2—smallpox, 1—infantile, 3—dropsy on the brain, 4—worms, 1—marasmus, 1—hooping cough, 1.

THEODORE NETCALF, APOTHECARY,

No. 33 Tremont Row, Boston, is sole agent for the sale of Bull's Philadelphia Gold Pill. He has also the largest assortment of mineral teeth to be found in New England. Together with turnkeys, forceps, drills, files, mirrors, platins, and almost every article used by dentists. English and American surgical instruments, in great variety.

Any instrument not in store, obtained to order at three days' notice.

Ap 7—4m

REGISTER OF THE WEATHER,
Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1901.	THERM.			BAROMETR.			Wind, S. P. M.	Weather, S. P. M.	Remarks.
	a	m	n	a	m	n			
March									
1 Mon.	32.23	32.23	32.23	30.50	30.12	30.50	SW	Fair	
2 Tues.	32.50	32.48	32.50	30.40	30.40	30.40	SW	Fair	
3 Wed.	30.45	30.45	30.45	30.50	30.50	30.50	SW	Fair	
4 Thurs.	30.57	30.57	30.57	30.40	30.40	30.40	NW	Fair	
5 Frid.	31.20	30.96	30.96	30.73	30.73	30.73	NW	Fair	At 5 A. M., thermometer 6°
6 Satur.	14.27	30.75	30.60	30.50	30.50	30.50	NE	Cloudy	Snow storm commenced at half past 2.
7 Sun.	30.27	30.30	30.30	30.70	30.35	30.35	N	Fair	Snow fell about 10 inches.
8 Mon.	30.20	30.30	30.30	30.94	30.65	30.65	NW	Fair	Squally.
9 Tues.	30.20	30.30	30.30	30.50	30.50	30.50	NW	Fair	High wind.
10 Wed.	30.30	30.30	30.30	30.57	30.57	30.57	SW	Cloudy	Snow storm—1 inch of snow.
11 Thurs.	30.30	30.30	30.30	30.57	30.57	30.57	NW	Fair	High wind.
12 Frid.	30.30	30.30	30.30	30.50	30.50	30.50	N	Fair	
13 Satur.	30.30	30.30	30.30	30.71	30.51	30.70	SE	Snow	Storm commenced 12 at night. 3 in. snow.
14 Sun.	30.31	30.30	30.30	30.60	30.15	30.15	NW	Fair	High wind. Aurora borealis.
15 Mon.	30.30	30.30	30.30	30.50	30.50	30.50	NW	Fair	do. do.
16 Tues.	30.30	30.30	30.30	30.50	30.71	30.71	N	Snow	Storm commenced at half past 7 A. M.
17 Wed.	30.30	30.30	30.30	30.50	30.50	30.50	N	Fair	
18 Thurs.	30.30	30.30	30.30	30.50	30.50	30.50	N	Fair	Beautiful sunset.
19 Frid.	30.30	30.30	30.30	30.50	30.50	30.50	NW	Fair	Very pleasant days.
20 Satur.	30.30	30.30	30.30	30.50	30.50	30.50	SW	Fair	High wind. Blue birds arrived.
21 Sun.	30.30	30.30	30.30	30.50	30.50	30.50	NW	Fair	
22 Mon.	30.30	30.30	30.30	30.74	30.70	30.70	S	Fair	
23 Tues.	30.30	30.30	30.30	30.40	30.51	30.51	SE	Cloudy	Storm commenced at 4 P. M. .57 in. rain.
24 Wed.	30.30	30.30	30.30	30.50	30.51	30.51	NW	Fair	Aurora borealis.
25 Thurs.	30.30	30.30	30.30	30.50	30.51	30.51	SW	Fair	Pleasant day.
26 Frid.	30.30	30.30	30.30	30.50	30.51	30.51	S	Fair	High wind. Robins have appeared.
27 Satur.	30.30	30.30	30.30	30.50	30.51	30.51	N	Fair	Halo around the moon.
28 Sun.	30.30	30.30	30.30	30.50	30.51	30.51	NW	Cloudy	Foggy morning.
29 Mon.	30.30	30.30	30.30	30.50	30.51	30.51	NE	Snow	One inch of snow fell.
30 Tues.	30.30	30.30	30.30	30.50	30.51	30.51	NE	Cloudy	Squally.
31 Wed.	30.30	30.30	30.30	30.50	30.51	30.51	S	Fair	

The month of March has had more pleasant days, but in general has been cold and disagreeable, and the column mercury indicates the approach of spring. The thermometer has ranged from 6 to 62; the barometer, from 30.51 to 30.94. Water fallen, 3.66 inches; snow fell 22 inches.

DR. J. J. MOORMAN,

RESIDENT PHYSICIAN AT THE WHITE SULPHUR SPRINGS, VA.

MAY be consulted by persons at a distance, as to the propriety of using the *White Sulphur Water*, in particular diseases, &c. Communications, descriptive of the case, enclosing the ordinary fee of \$5, directed, post-paid, to Dr. M. at the White Sulphur Springs, Va., will be promptly responded to.
October 25th, 1898. O. 25—1ant1898p10

PROLAPSUS UTERI.

The attention of the medical profession is respectfully invited to Dr. Chapin's Utero-abdominal Supporter and Elastic Belt, which has been recently much improved, and its efficacy thereby greatly increased. It has been faithfully tested by most of the medical faculty of Boston and New York, who have pronounced their unqualified approbation of its utility. Physicians in want, will obtain the measure round the pelvis. They can be supplied with the cheapest and best instrument of the kind in use, from the low price of \$2, to \$7, according to finish. Perineum straps (extra) at 75 cts. to \$1.50. Reference may be had to the following physicians in Boston, among others who recommend this instrument:—Mrs. John C. Warren, J. Ware, W. Channing, G. R. Deane, W. Lewis, J. Flint, J. Mason Warren, E. Palmer, Jr., C. G. Putnam, E. W. Leach.

Office No. 15 Howard, near Court st., Boston.

Nov. 25.—Sw&Lanlon.

A. F. BARTLETT,

Agent for JOHN R. CHAPIN, M.D.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, post paid, without which no letter will be taken from the post office. June 19

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W. H. Moore